



INFORMATION UPDATE FORM

Enrollment Department
Menominee Indian Tribe of Wisconsin
P.O. Box 910
Keshena, WI 54135

Name: _____
Last First Middle Maiden

Former Name: _____
Last First Middle

Name changes will not be official unless verification of name change is provided (i.e. state issued ID or Drivers License, marriage certificate, court documents)

Social Security No: _____ DOB: _____ Phone #: _____

New Address: _____
Street/P.O. Box Apt No. City State Zip

Signature: _____ Date: _____

List of children: Name, DOB & Social Security Number
